

**STATEMENT OF REV. FRANKLIN GRAHAM,
PRESIDENT OF SAMARITAN'S PURSE**

**SUB-COMMITTEE ON AFRICAN AFFAIRS, SENATE COMMITTEE
ON FOREIGN RELATIONS**

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As one who has spent over 20 years traveling to Africa working in the area of health care, I have gained some knowledge concerning the AIDS epidemic that is ravaging the sub-Saharan Africa. The social, political, economic, and spiritual problems are immense. Perhaps the following comments will be of some value.

No one infected with the AIDS virus has ever survived. Some people may have a reprieve of as much as 8-10 years as a result of multiple drug HIV treatments, but everyone infected with the AIDS virus will die from it, unless they die of something else first.

No "magic bullet" drug therapy is likely to become available (at least for several years). If it ever does become available, it will no doubt be very expensive and therefore not readily available to people in developing countries. Current triple drug therapy for HIV positive individuals is very expensive and it only buys time.

Patients who are HIV positive develop suppression of their natural immune system defenses and are easy prey for other infections, especially TB. Because of AIDS, tuberculosis has become a major health threat worldwide with the number of patients with active TB rapidly escalating. Furthermore, drug-resistant TB is becoming a major threat worldwide (and even flying on a commercial airliner now presents the risk of contracting TB).

Compassionate and caring Christians first introduced health care to Africa. In the mid-1880s, Dr. David Livingstone, a Scottish doctor, was one of the first to bring missionary medicine to Africa. History considers him one of the most important European explorers in Africa and one of the pioneers in the abolition of the slave trade. He blazed the trail for future missionary medicine to be practiced across the continent.

Since the days of Dr. Livingstone, there have literally been thousands of western missionary doctors who have followed in his footsteps. After World War II, there was a huge increase in the missionary medical effort in Africa. Most nations in the sub-Saharan have church-related mission hospitals that would either be Protestant or Roman Catholic. The total number of church-based hospitals and clinics in Africa is over 500. **In almost every instance, these mission hospitals provide the very best health care in the entire country.**

Unfortunately, most African governments are politically corrupt and guilty of gross mismanagement at every level, pilfering treasuries and natural resources for personal use. UN sponsored programs reflect many of the same problems. Government-run hospitals and clinics are mismanaged, poorly staffed, and are not in a position in most cases to deal with this grave crisis.

There are exceptions of course. There are excellent hospitals in South Africa and Zimbabwe, and a few good private hospitals such as in Kenya; however, most of these private hospitals are out of reach for the poor. The mission hospitals carry the brunt of health care in the sub-Saharan.

I do not believe that any effective program addressing the HIV virus can be carried out while ignoring the Church in Africa. The missionary doctors and nurses, themselves, are dedicated to caring for the physical, mental, and spiritual needs of the African people. Many have years of experience dealing with the HIV virus.

Short of a medical antidote for the HIV virus, the only true solution to the AIDS epidemic in Africa—and worldwide—is behavioral change. While governments, schools, and others seek to educate people in how to avoid becoming infected by the HIV virus through practical, safer-sex means, such as use of condoms, these measures are inadequate. This has been shown to be particularly true as the African crisis has escalated.

Education is inadequate without the teaching that the only reliable way to avoid contracting AIDS through sexual contact is by maintaining a lifelong monogamous relationship. But just as important, we must recognize that the ability to adopt such dramatic lifestyle changes is almost impossible without the moral conviction that sex outside of a marriage between a man and a woman is contrary to God's law.

This crisis will be curbed only when the moral teachings of God's Word permeate African society. In the matter of AIDS, this will happen only through the work of the Christian church, and when church and mission based hospitals and clinics are strengthened and equipped in their physical, social and spiritual ministries.

Where do we begin? By enlisting the help of all churches across Africa, and especially the churches involved in health care, because the Church is in every African community. From there, I believe we must educate at the local level by enlisting the help of pastors, tribal chiefs, political leaders, and policy makers at the community level, informing each group as to the facts about HIV. How is it transmitted? Who is at risk? etc.

In Kenya, where one out of nine adults is infected with HIV, the organization I work with, Samaritan's Purse, helps train members of Africa Inland Mission in Kenya to lead the community in AIDS awareness. In Uganda and the Congo, Samaritan's Purse provides AIDS training materials and HIV test kits for

potential blood donors. In addition, we help orphaned children; many of them orphaned through AIDS. While our efforts are just a drop in the bucket, the combined work of mission hospitals and Christian relief organizations throughout Africa has provided healing and comfort to countless individuals.

The Church, and specifically missionary medicine, is the key to reaching people in Africa, presenting to them the spiritual, moral, and medical reasons for a monogamous sexual relationship with one person (of the opposite sex) to whom one is married, and with none other. If this happened, even then, everyone in the world will still have to face possible infection by the AIDS virus through blood transfusions. Everyone in the world will also have to deal with the increased risk of becoming infected with possibly drug-resistant TB and other “super-infections” which are developing secondarily because of the AIDS epidemic. This ultimately results from those who persist in passing this “always deadly HIV virus” to others as part of seeking sexual gratification for themselves. There are biblically based moral standards that cannot be ignored, and these must be taught if we are to win this battle. That is why it is imperative for the Church to be at the heart of this effort.

What can the Congress do? First, I urge you to look favorably on requests for funding of aid packages to help with the AIDS crisis in Africa. But be sure that educational efforts include instruction on the importance of sexual abstinence outside of marriage. And, please consider earmarking substantial funds to strengthen the church and mission-based hospitals and clinics that hold the key to reducing this crisis situation.

With God's help, and by looking to Him, I believe He will give us the answer and show us the way. If we choose to ignore God and His standards, I believe this plague of biblical proportions will not only continue to consume millions of Africans but will eventually consume many millions in this country. We cannot ignore the Hand of God. If we fail to ask for His help, we will be the ones to suffer.
